



**ST. LOUIS DEPARTMENT OF PARKS, RECREATION AND FORESTRY
RECREATION DIVISION PROGRAM REGISTRATION - 2017**

Marquette Pool

Summer Swimming

DATE: _____

Client Information

NAME: _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIPCODE _____

HOME PHONE: _____ CELL PHONE _____

EMAIL ADDRESS: _____

BIRTHDATE: _____ AGE: _____ SEX: _____

ETHNICITY: HISPANIC OR LATINO ☐ NON HISPANIC OR LATINO ☐

RACE: Select Only One.

Asian ☐ Black or African American ☐ White ☐ Other ☐

Black or African American and White ☐ American Indian or Alaska Native ☐

American Indian or Alaska Native and Black ☐ American Indian or Alaska Native and White ☐

Native Hawaiian or Pacific Islander ☐

EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP _____

PHONE: _____

NAME: _____

RELATIONSHIP _____

PHONE _____

Does your child take any medication? Yes ☐ No ☐

If Yes please list. _____

Does your child have any medical conditions? Yes ☐ No ☐

If Yes please list. _____

Does your child have any allergies? Yes ☐ No ☐

If Yes please list. _____

Liability Release: I hereby release and hold harmless from liability the City of St. Louis, the Department of Parks, Recreation & Forestry and its employees and representatives.

Signature: _____ Date: _____